

Gary L. Cook
5249 Field Rd.
Clio, Mi 48420
810-687-4969

Honorable Robert D. Drain
US Bankruptcy Court So. Dist. Of N.Y.

Sirs,

Since I was first notified about having to file a claim in the Delphi bankruptcy I have repeatedly tried to follow all notifications. I say all because there have been many legal briefs sent to me. The latest packet I received contains 79 pages of legal language I am requested to respond to once again.

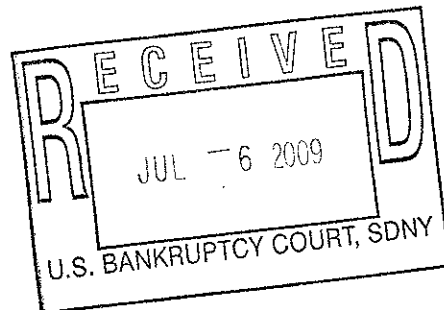
It would be in my interest to have an attorney respond but like many people am unable to have corporate counsel available to me due to prohibitive costs due to my inability to work.

The page following this is my Basis for objection as I understand them.

My further understanding is that I send copies to three different addresses which I will do. If I make a mistake I understand I lose my claim against Debtor, I hope I get this right.

I believe I have filed the same form at least three times due to different notices as instructed and do not want to be dismissed due to duplicates I was asked to submit.

The form I have already filed was with the weekly amount I receive but I will try to apply a total figure to the claim as I deduce this is required.



Thank you,
Gary L Cook

6/27/09

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5249 Field Rd.
Clio, Mi 48420

1:Basis for Objection
Individual Workers Compensation Claim Subject To Modification

2:Claimant
Gary L. Cook

3:Ammount of Claim
644.00 per week X six years = \$ 200,300.00
Cost of expected surgery = \$ 100,000.00
Doctors visits = \$ 2,000.00
Prescriptions = \$ 3,000.00
Travel to Doctors = \$ 1,500.00
MRI Scans = \$ 5,000.00

\$ 311,800.00

4:Reason for not allowing Claim to be disallowed or expunged
Michigan Court Order (attached)

5:Claim is Unliquidated

6:Address is the same

Gary L. Cook
06/27/2009

OPINION/ORDER

Michigan Department of Consumer & Industry Services
Bureau of Workers' Disability Compensation/Board of Magistrates
P O Box 30016, Lansing, MI 48909

100803012

Claimant's Social Security Number 386-50-7886

Plaintiff Name(s) GARY COOK

MAILED

RECEIVED

OCT 08 2003

OCT 02 2003

Defendant(s)/Carrier(s)

A. **DELPHI AUTOMOTIVE SYSTEMS CORP**

B.

C.

D.

WORKERS' & UNEMPLOYMENT COMPENSATION
LANSING, MI

WORKERS' & UNEMPLOYMENT COMPENSATION
LANSING, MICHIGAN

Type of Claim (For statistical purposes only)

A. ☒ General Disability B. ☐ Partial Wage Loss C. ☐ Specific Loss D. ☐ Permanent Total E. ☐ Death F. ☐ Misc.

Award Entered

1. ☒ Granted-Open 3. ☐ Denied 5. ☐ Voluntary Payment 7. ☐ Stipulated-Open 9. ☐ Withdrawn 11. ☐ Penalty Only
2. ☐ Granted-Closed 4. ☐ Medical Only 6. ☐ Voluntary Payment-115 8. ☐ Stipulated-Closed 10. ☐ Dismissed 12. ☐ Other

Injury Date(s) Established	Average Weekly Wage	Discontinued Fringes	Date Discontinued
March 4, 2001	\$	\$	
	\$	\$	
	\$	\$	

IRS Filing Status A. ☐ Single B. ☐ Single/Head of Household C. ☐ Married/Joint D. ☐ Married/Separate

Dependents - Date of Marriage/Birth

Name	Date	Name	Date	Name	Date

IT IS FOUND that the employee is disabled and compensation shall be paid as follows:


Defendant/Carrier	At the weekly rate of	From	Through
A	\$ 644.00	March 4, 2001	September 19, 2003
	\$		
	\$		

IT IS FURTHER FOUND that the employee is still disabled and therefore it is ordered that defendant/carrier A shall pay compensation at the rate of \$ 644.00 per week, until further order. Interest is owed in accordance with Section 801(6) from date each payment was due until paid.

IT IS FURTHER ORDERED that defendant/carrier A shall be responsible for medical expense(s) pursuant to Section 315 as follows:

IT IS FURTHER ORDERED that the maximum authorized attorney fee shall not exceed 30 percent of the compensation accrued. (Subject to the provisions of Section 858 (418.858) and Rule 14, R408.44)

IT IS FURTHER ORDERED that: SEE ATTACHED OPINION


Melody Paige, Magistrate (195G)
at Pontiac, Michigan

Signed on September 19, 2003

Unless a Claim for Review is filed by either party within 30 days from the date stamped on this Opinion/Order as "mailed Date", this order shall become final. The Claim for Review should be filed with the Workers' Compensation Appellate Commission, P O Box 30016, Lansing, MI 48909.